

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90043 009 ****50.00

DOCUMENT # L03000005068

1. Entity Name

VISION ACWORTH OF TALLAHASSEE, L.L.C.



Principal Place of Business

226 NORTH DUVAL STREET
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 13633
TALLAHASSEE FL 32317-3633



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number **32-0061944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, WM SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32312

Name

LINDSEY, WM SCOTT

Street Address (P.O. Box Number is Not Acceptable)

1882 CAPITAL CIRCLE NE SUITE #106

City

TALLAHASSEE,

FL

Zip Code
32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDNICK, JAMES M
226 NORTH DUVAL STREET
TALLAHASSEE FL 32301 ☐ Delete

TITLE
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☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/17/07

850-671-1999

Daytime Phone #